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Sacramento, CA 95814

State of Idaho

Ben Ysursa Secretary of State

## LOBBYIST ANNUAL REPORT FORM

To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page 1 of 2 Page(s) THIS SPACE FOR OFFICE USE ONLY

2007 FEB 28 PM 1: 15

✓ Annual

Semi-Annual

(Type or print clearly in black ink) See instructions at bottom of page Lobbyist's name and permanent business address

**TERMINATION** 

Date prepared Period covered year ending 2/28/2007 (Mo.) (Day) (Yr.) 02 28 2007

Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity	*Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)				
Do Not Have to be Reported		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4	
Entertainment Food and Refreshment	\$0.00	\$ 0.00	\$	\$	\$	
Living Accommodations	0.00	0.00	(40)7707			
Advertising	0.00	0.00				
Travel	0.00	0.00				
Telephone	0.00	0.00				
Other Expenses or Services	0.00	0.00				
Total	s0.00	s 0.00	s 0.00	s0.00	s0.0	

When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1.

Item	The totals	The totals of each expenditure of more than fifty dollars (\$50) for a legislator, other holder of public office, and executive officials.					
2	Date	Place	Amount	Names of Legislators, Public and Executive Officials in Group			
	N/A						

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(cs)
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	No.	Philip Morris USA Inc., by its service company Altria Corporate Services, Inc.
Filing deadline: Annual report is due on January 31st.  Executive Lobbist semi-annual report due July 31st.	No: 3	415 L Street, Suite 1150, Sacramento, CA 95814
TO BE FILED WITH:  Ben Ysursa  Secretary of State	No. 3	
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282	No. 4	

Item 4	Expe perso	nditures mae nal property	to any Legisl	byist or by the lobbyist's e ator, Public or Executive O	employer in the nature of contributions official or for or on behalf of any Legisla	of money or other tangible or intangible, tor, Public or Executive Official.
	D	ate	Amount	Na	me of Legislator, Public or Executive Off	ficial Receiving or Benefiting
Item				ion, the number of the Senate legislative activity in which	LEGISLATIVE SUE	BJECT IDENTIFICATION
5	the Lo	obbyist was st	ipporting or op	posing.	Code Subject	Code Subject
Subject ( from ta			tion or Other dent. Number	Appropriation Bill Number and Section Number	01 Agriculture, horticulture, farming, and livestock	17 Health service, medicine, drugs and controlled substances, health
N/A		N/		N/A	02 Amusements, games, athletics and sports 03 Banking, finance, credit and investments 04 Children, minors, youth, senior citizens 05 Church and religion 06 Consumer affairs 07 Ecology, environment, pollution, conservation, zoning, land and water use 08 Education 09 Elections, campaigns, voting, political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, federal 14 Government, municipal 15 Government, special districts 16 Government, state	insurance, hospitals  Higher education  Housing, construction, codes  Insurance (excluding health insurance)  Labor, salaries and wages, collective bargaining  Law enforcement, courts, judges, crimes, prisons  License, permits  Liquor  Manufacturing, distribution and services  Natural resources, forest and forest products, fisheries, mining and mining products  Public lands, parks, recreation  Social insurance, unemployment insurance, public assistance, workmen's compensation  Transportation, highways, streets and roads  Utilities, communications, televisions, radio, newspaper, power, CATV, gas  Other (please specify)
tem 6	contra	act bid or bid		cision, procurement, cial services agreement or pposing.	CERTIFICATION: 1 hereby certify the correct statement in accordance with Selection of the Control of the Contro	Date Date Date
					Employer No. 2 signature  Employer No. 3 signature	Date